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Atty. Docket No. 51882AUSM1

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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, DC 20231

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

Sir:
Transmitted herewith for filing under 37 CFR §1.53(b) is the
☒ patent application ☐ continuation patent application,
☐ divisional patent application or ☐ continuation-in-part
patent application of

Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

By: Carole J. Smith

Inventors Identifier: Richard HORUK

For: Non-Peptide CCR1 Receptor Antagonists in Combination with Cyclosporin A for the Treatment of Heart Transplant Rejection

- ☐ This application claims priority from each of the following Application No./filing dates:
US Serial No. _____ the disclosure(s) of which is (are) incorporated by reference.
☐ Please amend this application by adding the following before the first sentence: -This application is a ☐ continuation ☐ division
of and claims the benefit of U.S. Application No. _____ filed _____, the disclosure of which is incorporated by reference.--
☒ The benefit under 35 U.S.C. Section 119 is claimed of the filing date of: U.S. Provisional Application Nos. 60/ 222,053, filed July
31, 2000, and 60/231,282, filed September 8, 2000.

Enclosed are:

- ☒ 7 sheets of 7 ☐ formal ☒ informal drawings(s) and 33 pages of specifications including description, claims and abstract.
☐ Transmittal of Sequence Listing
☐ _____ pages of Sequence Listing with computer readable disk.
☐ An assignment of the invention to _____.
☒ A ☒ signed ☐ unsigned Declaration and Power of Attorney.
☐ A ☐ signed ☐ unsigned Declaration
☐ A Power of Attorney by Assignee with Certificate Under 37 CFR Section 3.73(b).
☐ A certified copy of a _____.
☒ Information Disclosure Statement under 37 CFR 1.97.
☐ A petition to extend time to respond in the parent application
☐ Notification of change of ☐ power of attorney ☐ correspondence address filed in prior application.
☐ Please cancel claim(s) _____.
☐ Preliminary Amendment
☒ Return postcard

	(Col. 1)	(Col. 2)		
FOR:	NO FILED	NO EXTRA	RATE	FEE
BASIC FEE				\$710.00
TOTAL CLAIMS	17 - 20 =	0*	x \$18.00 =	0.00
INDEPENDENT CLAIMS	3 - 3 =	0*	x \$80.00 =	.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			= \$270.00 =	
* if the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL	\$710.00

☐ There is no increase in the accompanying Preliminary Amendment in the number of independent, dependent or multiple dependent claims beyond those previously paid for.

Please charge Deposit Account 02-2117 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or
during the pendency of this application.
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

Respectfully submitted,

Wendy L. Washtien

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Date: July 25, 2001